

Peer Review Assessment Fee Grant

This application is a request for up to \$500 toward the cost of the Peer Review Assessment Fee for the Vermont Agency of Education early childhood licensure for either an Early Childhood (0-36) or Early Childhood Special Education (5-36) endorsement. This fee pays for the cost of portfolio review and interview to determine recommendation for licensure.

Eligibility

- Be employed for at least 3 months by a CDD regulated child care/early childhood program.
- Demonstrate financial need.
- Provide evidence of substantial completion of the portfolio at the time of application.

For Reviewers Only

Date Received: _____ Invoice #: _____
Reviewed/Approved: _____ Date: _____
Payment Entered: _____ Date: _____
License Check: _____
Application #: _____
Program Manager Approval/Denial
Approval: \$ _____ Denied _____
Signature: _____ Date: _____

The following are not eligible for this grant:

- Employees of public schools who are paid on a teacher salary schedule.
- Recipients of the VT T.E.A.C.H. Early Childhood Peer Review Assessment Scholarship.

For questions about the grant, contact:

Vermont Association for the Education of Young Children (VTAEYC)
Phone: 802-234-1090
Email: PDsupports@vtaeyc.org

Name (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

Email: _____

Employer: _____

License/Registration #: _____ BFIS#: _____

I am:

A registered Family Child Care provider

A licensed center or home staff member

Amount Requested: \$ _____



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I am applying for the following endorsement through the Vermont Agency of Education:

- Early Childhood (0-36)
- Early Childhood Special Education (5-36)

Please check the Peer Review requirements you have completed:

- Applied to Agency of Education for Peer Review.
My letter states that I must submit my portfolio by this date: _____
 - Passed the Praxis 1 exam. I took the Praxis on this date: _____
 - Portfolio is: complete OR will be completed by this date: _____
 - Attended at least 80% of the advisory group meetings as verified by my coordinator (if applicable).
 - Student teaching and practicum equivalency requirements completed.
 - Attended a Peer Review Clinic held by the Agency of Education's Peer Review Consultant on this date: _____
- If any of the above boxes are unchecked, explain why here: _____
- _____
- _____

1) Enclose/attach the following:

- An essay explaining your financial need for this grant.
- A copy of your Individual Professional Development Plan (IPDP). The IPDP must be current and have a self-assessment, goals, strategies/resources, and a timeline. A form is available on <http://northernlightscdc.org>.
 - Check here if you have an up-to-date professional development plan in Bright Futures Information System (BFIS). If so you do not need to send it with the application. Go to <http://northernlightscdc.org> for more information about entering your information into BFIS.
- A letter of recommendation from your regional advisory group coordinator, program director, supervisor, instructor or mentor. The letter must state your readiness for Peer Review, and how you demonstrated commitment to the process of documenting your competence as an educator, and your overall commitment to staying in the field.
- If your portfolio is not yet completed, include a statement of your plan to complete it by your anticipated submission date you listed above.



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Certification

Please sign the certification below:

I certify that the information contained in this application is true and correct; I also certify that the following statements are true:

1. I have worked directly with children at a CDD regulated child care facility for the past six months.
2. I am not a public-school employee who is paid on a teacher salary schedule for my work in the regulated care setting.
3. I am not a T.E.A.C.H. Early Childhood Peer Review Assessment Scholarship recipient.
4. I do not owe any funds to the State of Vermont and am in good standing with the Vermont Department of Taxes.
5. I will send a copy a copy of my teacher license to Northern Lights at CCV to upload into my BFIS account within 30 days of obtaining my license.

Applicant's Signature: _____ Date: _____

Keep a copy of your completed application for yourself, and email a copy to PDsupports@vtaeyc.org or mail the original to:

**Vermont Association for the Education of Young Children (VTAEYC)
19 Marble Avenue, Suite 4
Burlington, VT 05401**